Authorization for Release of Information
To North Carolina Criminal Justice Education & Training Standards
Commission and North Carolina Department of Public Safety

To Whom It May Concern:

I am an applicant for criminal justice officer certification or a certified officer with the North Carolina Department of Public Safety and the North Carolina Criminal Justice Education & Training Standards Commission. In order to determine my suitability for certification or continued certification, I understand that the North Carolina Department of Public Safety and the North Carolina Criminal Justice Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agencies.

Therefore, I,_____, DOB,_____, Operators License #_____, in consideration of my being considered for employment with the Department of Public Safety, do hereby authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal or civilian courts, certification/licensing commission, military organization, National Personnel Records Center, Air Force Personnel Center, Air Reserve Personnel Center, Coast Guard Personnel Center, Marine Corps Manpower Management Records & Performance, Marine Forces Reserve, Army Human Resources Command, Navy Personnel Command, Department of Veterans Affairs, Division of Commissioned Corps Officer Support, and any other individual agency to produce and provide copies of any and all information to the North Carolina Department of Public Safety and/or the North Carolina Criminal Justice Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the North Carolina Department of Public Safety and the North Carolina Criminal Justice Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for employment and/or certification. And, I hereby release the issuing agencies and their agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Department of Public Safety and the North Carolina Criminal Justice Education & Training Standards Commission, their agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers, custodial or detention officers, probation and parole officers, or other certified officers. This is to include, but not limited to: North Carolina Department of Public Safety, North Carolina Criminal Justice Education & Training Standards Commission, North Carolina Sheriffs' Education & Training Standards Commission, North Carolina Attorney General's Office, agencies of other states and the federal government, and the applicant's/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant Signature	**Date**

Applicant Printed Name	**Phone Number**

Applicant Street Address	**City**	**State**	**Zip**

STATE OF NORTH CAROLINA
COUNTY OF _____

Subscribed and sworn to before me,
this is the _____ **day of** _____ **, 20** ____

_____
Notary Public & Seal

My Commission Expires: _____